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CONFIRMATION NO. 3711

<b>SERIAL NUMBER</b> 09/468,496	<b>FILING OR 371(c) DATE</b> 12/21/1999 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> WELD-111-DIV
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 08/897,358 07/21/1997 ABN which is a CON of 08/330,327 10/27/1994 PAT 5,683,345

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 02/07/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> <del>12</del> 14	<b>INDEPENDENT CLAIMS</b> <del>3</del> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>med</i> Initials			

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**TITLE**

METHOD AND APPARATUS FOR TREATING A DESIRED AREA IN THE VASCULAR SYSTEM OF A PATIENT

<b>FILING FEE RECEIVED</b> 419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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